

ASSEMBLY BILL

No. 1142

Introduced by Assembly Member Dymally

February 22, 2005

An act to add Chapter 13.7 (commencing with Section 121290) to the Health and Safety Code, relating to HIV.

LEGISLATIVE COUNSEL'S DIGEST

AB 1142, as introduced, Dymally. HIV/AIDS: African-Americans: statewide initiative.

Existing law makes provision for programs relating to treatment of persons with the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). Under existing law, the Office of AIDS in the State Department of Health Services is the lead agency within the state responsible for coordinating state programs, services, and activities relating to HIV and AIDS, and AIDS-related conditions (ARC).

This bill would establish a Statewide African-American HIV/AIDS Initiative to address the disproportionate impact of HIV/AIDS on the health of African-Americans by coordinating prevention and service networks around the state and increasing the capacity of core service providers. The initiative would be implemented in 5 regional centers. The bill would establish the responsibilities and duties of the initiative. The bill would establish requirements for the office with respect to the initiative. The bill would require, until January 1, 2008, the initiative to be housed at the Office of AIDS, and by January 1, 2008, the initiative to establish itself as an independent nonprofit organization.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Chapter 13.7 (commencing with Section 121290) is added to Part 4 of Division 105 of the Health and Safety Code, to read:

CHAPTER 13.7. STATEWIDE AFRICAN-AMERICAN INITIATIVE

121290. (a) There is hereby established the Statewide African-American Initiative to address the disproportionate impact of HIV/AIDS on the health of African-Americans by coordinating prevention and service networks around the state and increasing the capacity of core service providers. For purposes of this chapter, "initiative" means the Statewide African-American Initiative.

(b) The initiative shall have an executive director who shall coordinate the initiative and report to the Office of AIDS through the Statewide African-American HIV/AIDS steering committee formally established pursuant to Section 121290.8.

(c) The initiative shall be implemented in the following five regional centers:

- (1) Alameda/San Francisco.
- (2) Los Angeles.
- (3) Sacramento/Central Valley.
- (4) San Bernardino/Riverside.
- (5) San Diego.

(d) (1) The Office of AIDS shall provide initial administrative support for the core functions of the initiative.

(2) Until January 1, 2008, the initiative shall be housed at the Office of AIDS. By January 1, 2008, the initiative shall establish itself as an independent nonprofit organization for purposes of Section 503(c)(3) of the Internal Revenue Code.

121290.1. The initiative shall sponsor and conduct an annual Summit on African-Americans and HIV. The summit shall do all of the following:

- (a) Provide a report on the progress of the initiative.
- (b) Offer technical assistance workshops.
- (c) Provide an overview of local, regional, and national efforts concerning health disparities relating to African-Americans and HIV.

1 121290.2. The initiative shall have all of the following
2 responsibilities:

3 (a) To design and conduct a series of complementary projects
4 to implement policy and planning to address the disproportionate
5 impact of HIV/AIDS on the African-American community,
6 focusing on all of the following categories:

7 (1) Research.

8 (2) Policy and advocacy.

9 (3) Workforce development.

10 (4) Organizational capacity.

11 (5) Prevention and treatment information and resources.

12 (b) To provide integrated leadership in developing,
13 implementing, evaluating, and sustaining HIV-related services
14 and programmatic partnerships between research institutions,
15 community-based organizations, the business community, and
16 public sector agencies.

17 (c) To improve the efficacy of local service providers through
18 the central coordination of service availability, data, and funding
19 sources through the development of a central coordinating body.

20 121290.4. The initiative shall employ all of the following
21 strategies to achieve its objectives:

22 (a) Serve as a community resource for technical assistance and
23 training in the communication and dissemination of information,
24 and for the synthesis, interpretation, and dissemination of
25 HIV/AIDS data and public health information.

26 (b) Assemble a network of health experts, HIV/AIDS service
27 providers, community-based organizations, and relevant public
28 and private sector stakeholders who will be accessible through
29 the regional centers, to support the capacity building of
30 community-based programs to eliminate HIV-related health
31 disparities for African-Americans.

32 (c) Establish the administrative, educational, and
33 communication infrastructure, including personnel, facilities, and
34 technology, to support the activities of the initiative's provider
35 network.

36 (d) Assess the availability and allocation of scientific,
37 governmental, and private sector resources to reduce the impact
38 of HIV/AIDS on African-Americans.

39 (e) Evaluate community-focused interventions and
40 demonstration projects to eliminate disparities in the evaluation

1 and treatment of HIV/AIDS, based on information from the work
2 of the initiative and local and regional resources.

3 (f) Coordinate and disseminate data, including epidemiology,
4 outcome assessment, and informatics, to provider networks
5 addressing health disparities regarding HIV/AIDS.

6 (g) Facilitate the development of lasting academic and
7 community partnerships that promote healthy lifestyles, prevent
8 disease, and reduce risk factors for HIV/AIDS.

9 (h) Increase ongoing access to culturally appropriate health
10 care for African-Americans living with HIV/AIDS.

11 121290.5. (a) The initiative shall establish a central
12 coordinating body to provide administrative, technical,
13 educational, and health information dissemination services to the
14 initiative's network of community-based organizations.

15 (b) The duties of the central coordinating body shall include,
16 but not be limited to, all of the following:

17 (1) Helping to provide program administration services,
18 project management, fiscal support, resource allocation, and
19 program evaluation to the initiative.

20 (2) Assisting in the collection, management, and analysis of
21 primary and secondary data, and providing technical support and
22 training.

23 (3) Aiding in the synthesis, interpretation, and dissemination
24 of information on HIV and African-Americans.

25 (c) The objectives of the central coordinating body shall
26 include, but not be limited to, both of the following:

27 (1) To achieve economies of scale in effort, expertise, and
28 equipment, and thereby build the capacity of the provider
29 network and the Office of AIDS to develop, implement, and
30 evaluate community programs to address HIV/AIDS among
31 African-Americans.

32 (2) To pool services, expertise, equipment, and facilities to
33 support several interrelated projects and collaborating
34 organizations, thereby leveraging greater resources than those
35 that would be provided separately to each project and without
36 formal interactions among the Office of AIDS, community-based
37 organizations, and public sector agencies.

38 121290.7. The Office of AIDS shall appoint an internal
39 advisory committee composed of the office's African-American

1 HIV specialist, a section head from the office, and a designee to
2 supervise the day-to-day activities of the initiative.
3 121290.8. There is hereby established the Statewide
4 African-American HIV/AIDS steering committee. The
5 committee shall be appointed by the Office of AIDS and shall
6 initially consist of the current membership of the informally
7 established Statewide African-American HIV/AIDS steering
8 committee, which consists of leadership from service providers,
9 researchers, educators, community-based organizations, and
10 public sector agencies.

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